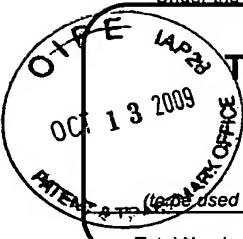


IPaw

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(Use for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/594,867
Filing Date	September 28, 2006
First Named Inventor	Jean-Jacques Sacre
Art Unit	2851
Examiner Name	Jori S. Byrne-Diakun
Attorney Docket Number	PF040049

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Remarks</b>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thomson Licensing		
Signature			
Printed name	Patricia A. Verlangieri		
Date	September 30, 2009	Reg. No.	42,201

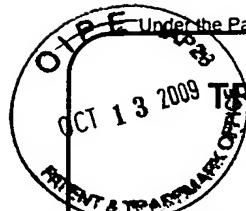
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Patricia A. Verlangieri	Date	September 30, 2009

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Attorney Docket Number	PF040049
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<b>ENCLOSURES (Check all that apply)</b>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks		

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Firm Name	Thomson Licensing		
Signature			
Printed name	Patricia A. Verlangieri		
Date	September 30, 2009	Reg. No.	42,201

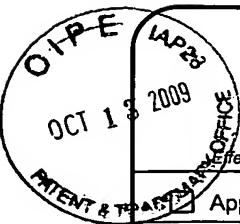
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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1290)

Complete If Known	
Application Number	10/594,867
Filing Date	September 28, 2006
First Named Inventor	Jean-Jacques Sacre.
Examiner Name	Jori S. Byrne-Diakun
Art Unit	2851
Attorney Docket No.	PF040049

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money  Other  None  
Order

 Deposit Account:

Deposit Account Number 07-0832

Deposit Account Name THOMSON LICENSING INC., Customer No. 24498

## The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1001	790	2001	385
1002	350	2002	170
1003	550	2003	265
1004	790	2004	385
1005	160	2005	80

SUBTOTAL (1) (\$ 0)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
		** = 0	X 0	= 0
		** = 0	X 0	= 0
			X 0	= 0

## Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	88	2201	43	Independent claims in excess of 3
1203	300	2203	145	Multiple dependent claim, if not paid
1204	88	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

\*\* or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1051	130	2051 65	Surcharge - late filing fee or oath
1052	50	2052 25	Surcharge - late provisional filing fee or cover sheet.
1053	130	1053 130	Non-English specification
1812	2,520	1812 2,520	For filing a request for reexamination
1804	920*	1804 920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805 1,840*	Requesting publication of SIR after Examiner action
1251	110	2251 55	Extension for reply within first month
1252	430	2252 210	Extension for reply within second month
1253	980	2253 475	Extension for reply within third month
1254	1,530	2254 740	Extension for reply within fourth month
1255	2,080	2255 1,005	Extension for reply within fifth month
1401	340	2401 165	Notice of Appeal
1402	340	2402 165	Filing a brief in support of an appeal
1403	300	2403 145	Request for oral hearing
1451	1,510	1451 1,510	Petition to institute a public use proceeding
1452	110	2452 55	Petition to revive – unavoidable
1453	1,370	2453 665	Petition to revive – unintentional
1501	1,370	2501 665	Utility issue fee (or reissue)
1502	490	2502 240	Design issue fee
1503	660	2503 320	Plant issue fee
1460	130	1460 130	Petitions to the Director
1807	50	1807 50	Processing fee under 37 CFR 1.17 (q)
1806	180	1806 180	Submission of Information Disclosure Stmt
8021	40	8021 40	Recording each patent assignment per property (times number of properties)
1809	790	2809 385	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))
1801	790	2801 385	Request for Continued Examination (RCE)
1802	900	1802 900	Request for expedited examination of a design application
Other fee (specify) 37 CFR 1.17(p)			180

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 1290)

## SUBMITTED BY

Complete (if applicable)

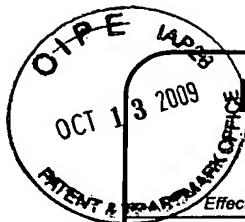
Name (Print/Type)	Patricia A. Verlangieri	Registration No. (Attorney/Agent)	42,201	Telephone	(609) 734-6867
Signature			Date	September 30, 2009	

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# FEET TRANSMITTAL for FY 2004

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Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
1290

Complete If Known	
Application Number	10/594,867
Filing Date	September 28, 2006
First Named Inventor	Jean-Jacques Sacre.
Examiner Name	Jori S. Byrne-Diakun
Art Unit	2851
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## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
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1002 350	2002 170	Design filing fee	
1003 550	2003 265	Plant filing fee	
1004 790	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>			(\$ 0)

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
		0	X	0
		0	X	0
			X	0

### Large Entity

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1202 18	2202 9	Claims in excess of 20	
1201 88	2201 43	Independent claims in excess of 3	
1203 300	2203 145	Multiple dependent claim, if not paid	
1204 88	2204 43	" Reissue independent claims over original patent	
1205 18	2205 9	" Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>			(\$ 0)

\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
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1810 790	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801 790	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify) 37 CFR 1.17(p)			180

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$ 1290)

## SUBMITTED BY

Name (Print/Type)	Patricia A. Verlangieri	Registration No. (Attorney/Agent)	42,201	Telephone	(609) 734-6867
Signature			Date	September 30, 2009	

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